

FIG. 1

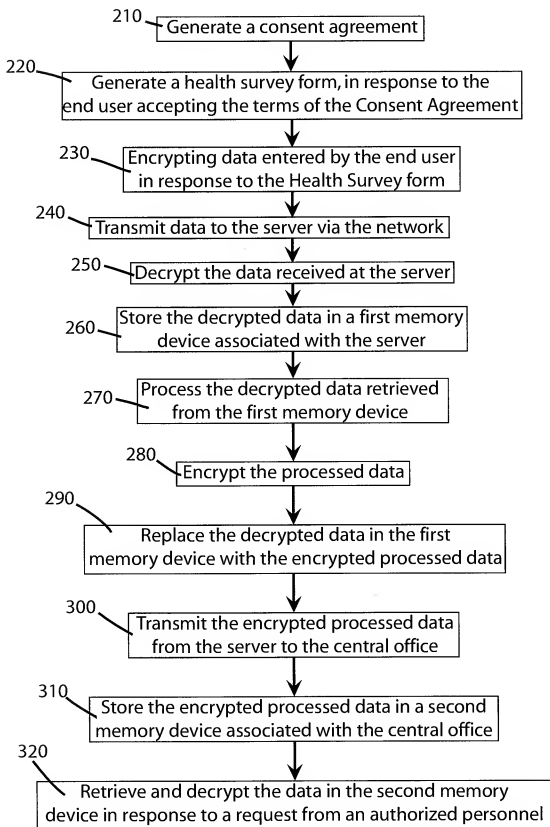


FIG. 2

Health Survey

1. How old are you? years old
2. Please enter your sex:
 - ☐ I am male
 - ☐ I am female
3. How would you characterize your health?
 - ☐ excellent
 - ☐ good
 - ☐ fair
 - ☐ poor
4. How long do you think you have been infected?
(Note: The Health Survey focuses on people who are HIV-positive.)
 - ☐ less than one year
 - ☐ one to two years
 - ☐ two to four years
 - ☐ four to six years
 - ☐ six to eight years
 - ☐ more than 11 years
 - ☐ I don't know
5. Would you be willing to participate as a subject in a medical research project?
 - ☐ yes
 - ☐ no
6. what was your last viral load count?
 - ☐ I don't know

FIG. 3A

7. What was your last T-Cell count?

- ☐ under 100
- ☐ 100 to 200
- ☐ 200 to 300
- ☐ 300 to 400
- ☐ 400 to 500
- ☐ 500 to 600
- ☐ over 600
- ☐ I don't know

8. Which HIV antiviral medications are you currently taking? Select as many as apply:

- ☐ 3TC (Lamivudine)
- ☐ Abacavir (Ziagen, formerly 1592U89)
- ☐ Ampernavir (Agenerase)
- ☐ AZT (Zidovudine, ZDV)
- ☐ Combivir (AZT plus 3TC)
- ☐ d4t (Stavudine)
- ☐ ddC (Hivid)
- ☐ ddl (Didanosine)
- ☐ Delavirdine (Rescriptor)
- ☐ Efavirenz (Sustiva, formerly DMP-266)
- ☐ Loviride
- ☐ Nevirapine (Vramune)
- ☐ Indinavir (Crixivan, MK-639)
- ☐ Nelfinavir (Viracept)
- ☐ Ritonavir (Norvir)
- ☐ Saquinavir (Invirase, Fortovase)
- ☐ Other anti-HIV medications (please specify; note that more medications are listed in Question 10)

- ☐ I don't know
- ☐ I am currently not taking any medications

FIG. 3B

9. Which HIV antiviral medications have you taken in the past? Select as many as apply:

- ☐ 3TC (Lamivudine)
- ☐ Abacavir (Ziagen, formerly 1592U89)
- ☐ Ampernavir (Agenerase)
- ☐ AZT (Zidovudine, ZDV)
- ☐ Combivir (AZT plus 3TC)
- ☐ d4t (Stavudine)
- ☐ ddC (Hivid)
- ☐ ddI (Didanosine)
- ☐ Delavirdine (Rescriptor)
- ☐ Efavirenz (Sustiva, formerly DMP-266)
- ☐ Loviride
- ☐ Nevirapine (Viramune)
- ☐ Indinavir (Crixivan, MK-639)
- ☐ Nelfinavir (Viracept)
- ☐ Ritonavir (Norvir)
- ☐ Saquinavir (Invirase, Fortovase)
- ☐ Other (please specify)

- ☐ I don't know
- ☐ I have never taken any medications for HIV

FIG. 3C

FIG. 3D

10. Which HIV antiviral medications have you taken in the past? Select as many as apply:

- ☐ Acyclovir (Zovirax)
- ☐ Adefovir (Preveon)
- ☐ Amphotericin B (Fungizone)
- ☐ Atovaquone (Mepron)
- ☐ Azithromycin (Zithromax)
- ☐ Bactrim (TMP/SMX)
- ☐ Cidofovir (Vistide)
- ☐ Ciprofloxacin (Cipro)
- ☐ Clarithromycin (Biaxin)
- ☐ Clindamycin (Cleocin)
- ☐ Clofazimine (Lamprene)
- ☐ Cycloserine (Seromycin)
- ☐ Dapsone
- ☐ Emivirine (MKC-442)
- ☐ Ethambutol
- ☐ Fluconazole (Diflucan)
- ☐ Flucytosine (Ancobon)
- ☐ Fomivirsen (ISIS 2922)
- ☐ Foscarnet (Foscavir)
- ☐ Ganciclovir (Cytovene)
- ☐ Inderal
- ☐ Isoniazid
- ☐ Itraconazole (Sporanox)
- ☐ Leucovorin
- ☐ Pentamidine (aerosolized)
- ☐ Prozac
- ☐ Pyrazinamide
- ☐ Pyrimethamine (Daraprim, Fansidar)
- ☐ Rifabutin (Mycobutin)
- ☐ Rifampin (Rifadin)
- ☐ Rimantadine
- ☐ Sparfloxacin
- ☐ Sulfadiazine

Other (please list all other medications you are taking)

- ☐ I am not taking any additional medications

11: Have you ever been diagnosed with any of the following infections or complications? Select as many as apply:

- ☐ Anemia
- ☐ Cancer
- ☐ Candidiasis
- ☐ Cryptococcosis
- ☐ Cryptosporidiosis
- ☐ Cytomegalovirus (CMV)
- ☐ Hepatitis
- ☐ Herpes
- ☐ Kaposi's Sarcoma (KS)
- ☐ Microsporidiosis
- ☐ Mycobacterium Avium Complex (MAC)
- ☐ Neuropathy
- ☐ AIDS Dementia
- ☐ PML (Progressive Multifocal Leukoencephalopathy)
- ☐ Other Neurological/Neurocognitive Complications
- ☐ Non-Hodgkins Lymphoma
- ☐ Oral and Esophageal Thrush
- ☐ Pneumocystis Carinii Pneumonia (PCP)
- ☐ Sinusitis
- ☐ Toxoplasmosis
- ☐ Tuberculosis
- ☐ Wasting
- ☐ Other (please specify)

- ☐ I have never been diagnosed with any infection or complication of HIV

FIG. 3E

FIG. 3F

12. Can we contact you by e-mail about participating in a clinical research project?

- ☐ No
☐ Yes

If yes, please provide you e-mail address:

13. May we phone you? (Note: To be contacted to Participate, you must provide an e-mail address or phone number)

- ☐ No
☐ Yes

If yes, please provide you phone number:
area code number

14. Please provide you name and place of residence>

Last name:

First name:

Place of residence:

City State Zip Code

15. In order for us to identify you properly, please give us you brithdate:

Month Day Year:

Thank you for taking the time to take this survey.
Please note that no one will contact you unless or until there is an appropriate request from a lab or researcher.

FIG. 4

Please fill in the following form if you'd like to
remove your name from our list of volunteers.
Please be as accurate as possible so that we will be
able to locate your original submission.

First name

Last name

Birthdate:

Month: Day: Year: